

CIVIL AIR PATROL FREE CADET UNIFORM VOUCHER

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Congratulations, new CAP Cadet! You have been selected to receive a free Air Force basic blue uniform (shirt, pants or skirt, belt and buckle, flight cap and shoes), valued at about \$95.

- If you do not want the free uniform, do not forward this voucher to your squadron for processing. Otherwise, follow the instructions below.
- Return this voucher with your membership application. You and one of your parents or legal guardians need to read the terms below and sign in the space provided. By signing, you both agree to all terms. You also agree that the uniform belongs to CAP, that you are responsible for returning this uniform to your squadron if you leave the program within one year, and that your squadron commander has answered your questions about the FCU program.

Free Cadet Uniform [FCU] Voucher Terms

Cadets and adults should note the following:

1. This program provides an opportunity for new cadets to receive a basic blue uniform at no cost to them. Cadets are responsible for purchasing the CAP accessories (name tag, ribbons, grade insignia, hat device, etc.).
2. In the event the cadet withdraws from the cadet program (within the first year of membership), all uniform items must be returned (or replaced, if lost or damaged) to the local CAP unit. While the parent assumes the responsibility on behalf of their minor child, the squadron commander must also make every reasonable effort to retrieve these uniform items. Cadets may retain these uniforms as long as they are current members of CAP.
3. The squadron commander will maintain the accountability of these uniforms with records that are available for audit. These uniforms will not be sold, rented or given to anyone other than CAP cadets. Units will not use these uniforms for "incentives" (Example: Giving new cadets used uniforms and requesting the new uniform in exchange, or holding back the new uniforms for the squadron's drill team or color guard cadets).

- The uniforms will be mailed only to the new cadet. Individuals are not allowed to substitute the squadron address or any other address that is not the cadet's. **Please print all information!**

Some important numbers to note: If you have a question about the status of your cadet membership application, please contact NHQ CAP/DP at **334-953-5191**.

If you have a question about the status of your FCU voucher, please contact The Army/Air Force Exchange Service [AAFES] at **800-527-2345** or NHQ CAP/LGS at **334-953-2945**. You will need your CAP Identification Number [CAPID] ready when you call (This number is assigned by NHQ CAP - Look for this number on your membership card).

If you need to return a uniform item or have a question about your return, please contact **210-674-0190**, or mail: Lackland Military Clothing Sales Store 1520 Kirkland, Building 6659 San Antonio TX 78236 Your CAP Identification Number [CAPID] will need to accompany all correspondence. Please do not contact the CAP Bookstore about the status of your voucher or returns.

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CAPID:

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(For NHQ CAP/DP Use Only)

Submitting a fraudulent voucher is illegal and individuals may be prosecuted. This voucher is void if any of the fields are left blank. Please print all information.

CADET INFORMATION	
NAME:	
ADDRESS:	
DAYTIME PHONE NUMBER:	Area Code()

MALE						FEMALE (Choose either Pants or Skirt)					
Shirt M102E	Pant Waist M102C		Shoe Size M106A		Cap M104G	Blouse M112M	Pants M112D	Skirt M112C	Shoe Size M110K		Cap M114G
<input type="checkbox"/> 13 ½	<input type="checkbox"/> 26	<input type="checkbox"/> 39	<input type="checkbox"/> 4	<input type="checkbox"/> 10 ½	<input type="checkbox"/> 6 3/8	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 10 ½	<input type="checkbox"/> 20
<input type="checkbox"/> 14	<input type="checkbox"/> 27	<input type="checkbox"/> 40	<input type="checkbox"/> 4 ½	<input type="checkbox"/> 11	<input type="checkbox"/> 6 ½	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4 ½	<input type="checkbox"/> 11	<input type="checkbox"/> 20 ½
<input type="checkbox"/> 14 ½	<input type="checkbox"/> 28	<input type="checkbox"/> 42	<input type="checkbox"/> 5	<input type="checkbox"/> 11 ½	<input type="checkbox"/> 6 5/8	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 11 ½	<input type="checkbox"/> 21
<input type="checkbox"/> 15	<input type="checkbox"/> 29	<input type="checkbox"/> 44	<input type="checkbox"/> 5 ½	<input type="checkbox"/> 12	<input type="checkbox"/> 6 ¾	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 5 ½		<input type="checkbox"/> 21 ½
<input type="checkbox"/> 15 ½	<input type="checkbox"/> 30	<input type="checkbox"/> 46	<input type="checkbox"/> 6	<input type="checkbox"/> 12 ½	<input type="checkbox"/> 6 7/8	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 6		<input type="checkbox"/> 22
<input type="checkbox"/> 16	<input type="checkbox"/> 31		<input type="checkbox"/> 6 ½	<input type="checkbox"/> 13	<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 6 ½		<input type="checkbox"/> 22 ½
<input type="checkbox"/> 16 ½	<input type="checkbox"/> 32		<input type="checkbox"/> 7	<input type="checkbox"/> 13 ½	<input type="checkbox"/> 7 1/8	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 7		<input type="checkbox"/> 23
<input type="checkbox"/> 17	<input type="checkbox"/> 33		<input type="checkbox"/> 7 ½	<input type="checkbox"/> 14	<input type="checkbox"/> 7 ¼	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 16	<input type="checkbox"/> 7 ½		<input type="checkbox"/> 23 ½
<input type="checkbox"/> 18 ½	<input type="checkbox"/> 34		<input type="checkbox"/> 8	<input type="checkbox"/> 14 ½	<input type="checkbox"/> 7 3/8	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 18	<input type="checkbox"/> 8		<input type="checkbox"/> 24
<input type="checkbox"/> 19	<input type="checkbox"/> 35		<input type="checkbox"/> 8 ½	<input type="checkbox"/> 15	<input type="checkbox"/> 7 ½	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 8 ½		<input type="checkbox"/> 24 ½
	<input type="checkbox"/> 36		<input type="checkbox"/> 9		<input type="checkbox"/> 7 5/8		<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 9		
	<input type="checkbox"/> 37		<input type="checkbox"/> 9 ½		<input type="checkbox"/> 7 ¾				<input type="checkbox"/> 9 ½		
	<input type="checkbox"/> 38		<input type="checkbox"/> 10		<input type="checkbox"/> 7 7/8				<input type="checkbox"/> 10		
Buckle M108E1	Belt M108G2	Pant Length		Shoe Width		Pant/Skirt Length		Belt M108E1	Buckle M108G2	Shoe Width	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> XS		<input type="checkbox"/> XN		<input type="checkbox"/> MS	<input type="checkbox"/> WS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AAAA	<input type="checkbox"/> C
		<input type="checkbox"/> S		<input type="checkbox"/> N		<input type="checkbox"/> MR	<input type="checkbox"/> WR			<input type="checkbox"/> AAA	<input type="checkbox"/> D
		<input type="checkbox"/> R		<input type="checkbox"/> R		<input type="checkbox"/> ML	<input type="checkbox"/> WL			<input type="checkbox"/> AA	<input type="checkbox"/> E
		<input type="checkbox"/> L		<input type="checkbox"/> W						<input type="checkbox"/> A	
		<input type="checkbox"/> XL		<input type="checkbox"/> XW						<input type="checkbox"/> B	

Cadet's Signature & Date

Parent's or Legal Guardian's Signature & Date

Your squadron commander or deputy commander for cadets needs to sign this form. The signature below acknowledges that you are applying for cadet membership in Civil Air Patrol, that he or she also agrees to all terms for the FCU voucher, and that the information listed on the voucher is correct.

Signature of the Squadron Commander/Deputy Commander for Cadets & Date

APPLICATION FOR CADET MEMBERSHIP IN CIVIL AIR PATROL <i>(Type or print.)</i>		CHARTER NUMBER			SOCIAL SECURITY	
LAST NAME - FIRST NAME - MIDDLE INITIAL		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	BLOODTYPE	DATE OF BIRTH DAY MONTH YEAR
MAILING ADDRESS (Number and Street)	APT	CITY	STATE	ZIP CODE	HOME PHONE ()	
NEXT OF KIN (Name and address)					RELATIONSHIP:	
					PHONE: ()	
OPTIONAL <i>(For recruiting purposes)</i> MEMBER MOST RESPONSIBLE FOR YOUR JOINING CAP NAME _____ CAPID _____ CHARTER # _____						
SCHOOL PRESENTLY ATTENDING (NAME AND ADDRESS)						GRADE
BACKGROUND INFORMATION A. CITIZENSHIP 1. Are you a citizen of the United States? ____ 2. Are you an alien admitted for permanent residence? ____ Must possess current alien registration receipt card (Form I-151 or I-551) B. PRIOR CAP MEMBERSHIP (WRITE "NONE" IF APPROPRIATE) _____ from _____ to _____ _____ Old Charter # _____ Membership Dates HIGHEST CADET AWARD EARNED _____						
I hereby make application for cadet membership in Civil Air Patrol. I pledge that I will serve faithfully in the Civil Air Patrol Cadet Program and that I will attend meetings regularly, participate actively in unit activities, obey my officers, wear my uniform properly, and advance my education and training rapidly to prepare myself to be of service to my community, state, and nation.						
APPLICANT SIGNATURE						DATE
This applicant has my approval. I understand that my child may be flying in CAP aircraft and participating in vigorous outdoor activities. I agree to help support my child's efforts to attend official Civil Air Patrol functions and activities.						
PRINT PARENT OR LEGAL GUARDIAN FULL NAME			SIGNATURE			DATE
To be completed by commander or designated representative: I certify that the applicant is accepted as a member of Civil Air Patrol subject to approval by higher headquarters with National Headquarters as the final approving authority. Membership commences on the date indicated below.						
CHARTER, UNIT NAME, AND ADDRESS						
PRINT FULL NAME			SIGNATURE			DATE
A NOTE TO THE NEW CADET Congratulations on joining Civil Air Patrol! To fly in CAP aircraft and be credited for achievements in the Cadet Program, CAP National Headquarters must process your application. So please rush this application and your check for dues to: NATIONAL HEADQUARTERS CAP/DP 105 S. HANSELL ST. MAXWELL AFB AL 36112-6332						

HEALTH CERTIFICATE

PARENT'S EVALUATION

The activities in which your child will participate while a member of CAP are generally comparable to those experienced in high school, including physical education activities. To assure the fullest degree of pleasure and success in Civil Air Patrol, the cadet should be healthy, both physically and mentally. If you mark "NO" in all the boxes below, your cadet will be placed in a Physical Fitness Category I, and will not require a physical examination. If you mark "YES" in any box, an examination by a physician is required.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | FREQUENT OR SEVERE HEADACHES |
| <input type="checkbox"/> | <input type="checkbox"/> | DIZZINESS OR FAINTING SPELLS |
| <input type="checkbox"/> | <input type="checkbox"/> | UNCONSCIOUSNESS FOR ANY REASON |
| <input type="checkbox"/> | <input type="checkbox"/> | EYE TROUBLE <i>(not correctable with glasses)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | HEART TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | CHRONIC OR RECENT EAR TROUBLE |
| <input type="checkbox"/> | <input type="checkbox"/> | HIGH OR LOW BLOOD PRESSURE |
| <input type="checkbox"/> | <input type="checkbox"/> | SIGNIFICANT ABDOMINAL TROUBLE (INCLUDING HERNIA) UNLESS CORRECTED |
| <input type="checkbox"/> | <input type="checkbox"/> | SUGAR OR ALBUMIN IN URINE |
| <input type="checkbox"/> | <input type="checkbox"/> | EPILEPSY |
| <input type="checkbox"/> | <input type="checkbox"/> | MENTAL OR NERVOUS DISORDER |
| <input type="checkbox"/> | <input type="checkbox"/> | DRUG OR NARCOTIC HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | EXCESSIVE DRINKING HABIT |
| <input type="checkbox"/> | <input type="checkbox"/> | REJECTION FOR LIFE INSURANCE |
| <input type="checkbox"/> | <input type="checkbox"/> | ASTHMA |
| <input type="checkbox"/> | <input type="checkbox"/> | ALLERGIES |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER LIMITATIONS |

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE HEALTH OF THE APPLICANT IS AS SHOWN ABOVE.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PHYSICIAN'S CERTIFICATE

(Required if "YES" was marked in any box above)

I certify that I have examined the applicant whose name appears hereon and that he/she does not possess physical limitations that would preclude participation in Civil Air Patrol as explained in the above parent's evaluation.

_____ **NO LIMITATIONS:** Physically capable of full participation.

_____ **LIMITED:** An individual physical fitness program in keeping with the applicant's limited physical ability is recommended. **Please explain limitations in an attached letter.**

_____ **EXEMPT:** Exempt from all Civil Air Patrol physical activities.

PHYSICIAN'S SIGNATURE

DATE

PHYSICIAN'S ADDRESS

PHYSICIAN'S PHONE